COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)					Attorney Case No. F6173(V)		
As a below named inventor, I hereby de	edare that						
My residence, post office address and citizenship are as stated below next to my name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
			INSULATE	D POUCH			
the specification of which (check only or	the specification of which (check only one item below):						
⊠ is attached hereto.	I⊠ is attached hereto.						
was filed as United States application Serial No. 09/on and was amended on(if applicable)							
II was filed as PCT international application	cation on		and was ar	nended under PC	Article 19 on(if	applicable)	
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.							
I acknowledge the duty to disclose infor	rmation which is materia	il to the pat	entability of this a	application in acco	dance with Title 37, Cod	e of Federal Regulat	ons, ∍ 1.56(a).
I hereby claim foreign priority benefits under Title 35, United States Code, a119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:							
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:							
COUNTRY (if PCT, indicate "PCT") APPLICATION		ON NUMBER		DATE OF FILING (day, month, year)		PRIORITY CLAIMED UNDER 35 U.S.C. 119	
hereby claim the benefit under Title 35, United States Code ±120 of any United States application(s) or PCT international application(s) designating the United States of America that s/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code ±112. I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations ±1.56(a) which occurred between the filling date of the prior application(s) and the national or PCT international filing date of this application. PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120.							
U.S. APPLICATIONS				STATUS (CHECK ONE)			
U.S. APPLICATION NUMBER		U.S. FILING DATE			PATENTED	PENDING	ABANDONED
PCT APPLICATIONS DESIGNATING 1	THE U.S.	 *			**************************************		
PCT APPLICATION NO. PC	CT FILING DATE	ATE U.S SERIAL NUI ASSIGNED (If an			·		

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT Attorney Case No. F6173(V)

POWER OF ATTORNEY: As a named Invantor, I hereby appoint the following attorney(s) and/or agents(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

CUSTOMER NUMBER: 000201

Direct all correspondence to : CUSTOMER NUMBER 000201

	201			
0	FULL NAME OF INVENTOR	FAMILY NAME HUGHES	FIRST GIVEN NAME JOHN	SECOND GIVEN NAME MICHAEL
	RESIDENCE AND CITIZENSHIP	CITY Goshen	STATE OR FOREIGN COUNTRY NEW YORK	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 3 HAMPTON HILLS DRIVE	CITY Goshen	STATE & ZIP CODE/COUNTRY NEW YORK 10924

202			
FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

FULL NAME OF FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN NAME	
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS	POST OFFICE ADDRESS	СПҮ	STATE & ZIP CODE/COUNTRY	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on Information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Tritle 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR Auty MM. May	201 Sex	SIGNATURE OF INVENTOR	202	SIGNATURE OF INVENTOR	203
DATE 7/16/03		DATE		DATE	

04/04/00